NAWIC Regional Chapter Participation
Mid-Year Recap Form

Year: _____

Regional Chair/Sponsor - Obtain information from each participating chapter to complete this form and send it to the NEF National Chair no later than ***January 15.***

NEF National Chair

Name: _____

Address: _____

Email: _____ *Phone #:* _____

NAWIC Region: _____ Regional Chair: _____

Chapter Name/Number: _____

Email: _____ Phone: _____

Chapter's Participating in Region:		***# of Participants***	
Number	***Name***	***High School***	***College***
	Total Participants:		

(Regional Chair submit this form to the National Chair)